

JUN 27 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17766

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>624</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>25 Yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idle Hour Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>J.</u> c. (Last) <u>ECKARD</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 9, 1876</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carotaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G. W. Eckard</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Social Welfare Board, St. Joseph, Mo.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Cerebral Hemorrhages</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u>  DUE TO (c) <u>331X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/18</u> , 19 <u>55</u> , to <u>6/16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/16</u> , 19 <u>55</u> , and that death occurred at <u>6:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Mundy</u> (Degree of title) <u>M.D.</u>				23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u>		23c. DATE SIGNED <u>6/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Funeral Home, St. Joseph</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eric J. Chan*.....

Licensed Embalmer No. *46*.....

P. O. Address *St. Joseph*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.